



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3619

SERIAL NUMBER 10/802,287	FILING DATE 03/17/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 7175-74606
-----------------------------	---------------------------------------	--------------	------------------------	--------------------------------------

APPLICANTS

David C. Newkirk, Lawrenceburg, IN;

Michael E. Cerimele, Indianapolis, IN;

Mark A. Graham, Springboro, OH; Christian H. Reinke, Bellbrook, OH;

Jonathan D. Turner, Dillsboro, IN;

** CONTINUING DATA *****

This appln claims benefit of 60/455,621 03/18/2003
 and claims benefit of 60/510,756 10/13/2003

O.K.R.S.

** FOREIGN APPLICATIONS *****

none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 15	TOTAL CLAIMS 66	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>Robert L. Santos</i>	Initials R.G.S.		

ADDRESS

23643

BARNES & THORNBURG

11 SOUTH MERIDIAN

INDIANAPOLIS , IN

46204

TITLE

Radial arm system for patient care equipment

FILING FEE	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of

RECEIVED 2158	No. _____ to charge/credit DEPOSIT ACCOUNT	time)
	No. _____ for following:	<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit